AGE & BIRTHDATE: STATEMENTS FROM FUNERAL DIRECTOR AND FROM WIFE, filmed G122 10-11-49

L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08892

Reg. Dist. No. 714

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2209 Darrow St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 2209 Darrow St. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 2209 Darrow St.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) H. (Last) Amrein

4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH MAY 29, 1868
9. AGE last birthday 1868-1881 yrs 81 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Baker
11. BIRTHPLACE (State or foreign country) Washington, D C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Amrein
14. MOTHER'S MAIDEN NAME ~~Hannah~~ AUGUSTA Wilner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Marie Scheffel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure (arteriosclerotic heart disease)	36 hrs
420.0 Antecedent cause(s)	(b) Arteriosclerosis	30 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Essential hypertension	15+ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1942, to Sept 27 1949, that I last saw the deceased alive on Sept 25, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE E Haschenbach, M.D. (Degree or title) ADDRESS 1007-L St. NW DATE SIGNED 9/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 30-49
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince Geo Co (State) Md

DATE REC'D BY LOCAL REG. Sept. 27, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 14th St. NW.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1989
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08893

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Mtgy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural, give location) 9210 Flower ave.

3. NAME OF DECEASED (Type or Print): (First) Seneca (Middle) B (Last) Bain

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 10, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 6 Days 21 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medical Doctor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gatesville, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Seneca Bain

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: No

17. INFORMANT: Mrs. Rosalind Bain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary insufficiency, severe	10 years.
Antecedent cause(s) 420.1 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis with infarction	10 years
	(c) arteriosclerosis, generalized	20 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1949, to Sept 2, 1949, that I last saw the deceased alive on August 28, 1949, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Aaron H. Traum	M.D.	8237 Georgia Ave Silver Spring Md.	Sept 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Sept. 6. 1949	Ft. Lincoln	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 1, 1949	Josephine M Schaeffer	D. H. Hines Co.	Wash. D.C.

RECEIVED
SEP 9 1949
BUREAU V. S.

08894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Dead on arrival
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 6600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1818 Newton St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) R. (Last) Barber
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 25th 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va. P.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Barson C. Russell
14. MOTHER'S MAIDEN NAME Mary Elizabeth Babcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	3 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Arteriosclerosis	many years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1949, to Sept 19, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 1 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. T. Kimble, M.D. ADDRESS 1726 Eye St, N.W., Wash A C DATE SIGNED Sept. 19, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-21-49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince Geo. Co. Md

DATE REC'D BY LOCAL REG. 9-19-49
REGISTRAR'S SIGNATURE M. E. Jobes
24. FUNERAL DIRECTOR S H Hines Co ADDRESS 2901 14 St. N.W.

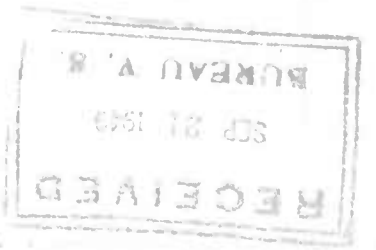
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. F. J. Brauchart notified and will accept certificate.

S. T. Kimble, M.D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8895

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3-22-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) Wyoming Apts., Columbia Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T. (Last) Barnes.

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-6-1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months 0 Days 23 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Entomologist

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Tolkingham, England.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. Paul Alvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Cardiac Failure	Terminal
492 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Virus Pneumonia	Three days.
109	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ — 19b. MAJOR FINDINGS OF OPERATION ✓ — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1946, to Sept 29, 1949, that I last saw the deceased alive on Sept 29, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert A Hare MD. — Takoma Park. — 9-29-49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Oct-1-1949 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Pr. Geo County Md

DATE REC'D BY LOCAL REG. 9/29/49 — REGISTRAR'S SIGNATURE: J. Wilm Dodd

24. FUNERAL DIRECTOR — ADDRESS: The S.H. Hines Co. 2901-14th St. NW. Washington, D.C.

RECEIVED
OCT 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C-8896

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 710 Silver Spring, Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; STREET ADDRESS (If rural, give location): 710 Silver Spring, Ave.

3. NAME OF DECEASED (Type or Print): (First) TACIE (Middle) L. (Last) Barnes

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Kaleb Coburn

14. MOTHER'S MAIDEN NAME: Harriett Lanhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Capt. Charles T. Barnes- 710 S. S. Ave. S. S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis — Interval between onset and death: 2 weeks

450.0 Antecedent cause(s)

132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalyzed arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1938, to Sept 30, 1949, that I last saw the deceased alive on Sept 30, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Wardrop M.D. 857 Bonifant St. 10/1/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 3, 1949 | NAME OF CEMETERY OR CREMATORY: Colesville Cemetery | LOCATION (City, town, or county) (State): Colesville, Montgomert, Md.

DATE REC'D BY LOCAL REG.: Oct 1, 1949 | REGISTRAR'S SIGNATURE: Josephine M Schaeffer

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

BUREAU V. S.
OCT 6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08897

Reg. Dist. No. 7-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington Garrett Park
LENGTH OF STAY (in this place): 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waverly 31 Waverley Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garrett Park
STREET ADDRESS (If rural, give location): Waverly 31 Waverley Ave.

3. NAME OF DECEASED (Type or Print): (First) Euphemia (Middle) (Last) Bisset

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: DEC 5 1868

9. AGE last birthday: 80 yrs. If under 1 year: Months 9, Days 5, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kirkcaldy, Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PETER SAUNDERS

14. MOTHER'S MAIDEN NAME: MARGARET COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: MARGARET SHERLINE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gangrene, arteriosclerotic left foot	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, general	20 years
	(c)	

450.1 592

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 35 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	none	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from March, 1947, to Sept, 1949, that I last saw the deceased alive on 10 Sept, 1949, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph W. Cooch, M.D.	915-19th St. N.W., Washington, D.C.	10 Sept 49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/13/49	Rock Creek Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 17, 1949	Josephine M. Schaffer	Elizabeth A. White, Mrs. Warren E. Pumphrey, Inc.	Silver Spring, Md.

RECEIVED
SEP 20 1949
BUREAU V. S.

68898

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 10 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 9002 KIMES ST.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) AIRRY (Last) BOND

4. DATE OF DEATH (Month) SEPT (Day) 28 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH 6-7-1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD COND.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eli BOND
14. MOTHER'S MAIDEN NAME ELIZABETH. ROWE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT SYLVESTER C. BOND (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of prostate with metastases — 2 yrs

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Sept., 1949, that I last saw the deceased alive on Sept 27, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bernard A. Fitzgerald, MD 802 Malcolm Dr. Silver Spring, Md 9/28/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE OCT. 1st 1949
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY
LOCATION (City, town, or county) (State) COLMAR MANOR - PR. GEO. MD

DATE REC'D BY LOCAL REG. 9/28/49
REGISTRAR'S SIGNATURE J. Hebron Dodd
24. FUNERAL DIRECTOR ADDRESS W. W. CHAMBERS CO. - RIVERDALE, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1949
BUREAU V. S.

Evidence for addition in 18b shown on;

FILM No. G 122 OCT 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68899

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Mary	(Middle): Libby	(Last): Bowman	4. DATE OF DEATH (Month): Sept.	(Day): 26	(Year): 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Apr. 10, 1869	9. AGE last birthday: 80 yrs.	If under 1 year: Months 5, Days 18; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.M.-Ret.Govt.Employee	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Dathan Broome		14. MOTHER'S MAIDEN NAME: Elizabeth Nicholls			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT: Elsie Brown-Cousin			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) diarrhoea - probably due to spoiled food	5 days
048.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dysentery (10/24/49 as)	
27c	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Sept. 23, 1949, to Sept. 26, 1949, that I last saw the deceased alive on Sept. 26, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William C. Miller	M.D.	7 Brooks Ave., Gaithersburg, Md	9-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 9/29/49	NAME OF CEMETERY OR CREMATORY: Germantown Baptist Ch. Cemetery	LOCATION (City, town, or county): Germantown	(State): Maryland
DATE REC'D BY LOCAL REG.: Sept. 26, 1949	REGISTRAR'S SIGNATURE: Alvenda G. Cooke	24. FUNERAL DIRECTOR: Robert A. Humphrey	ADDRESS: Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08900

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 Frederick ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 502 Frederick ave.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Moulton (Last) Boyd

4. DATE OF DEATH (Month) Sept- (Day) 27- (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec-29-1881
9. AGE last birthday 67 yrs. If under 1 year Months 8 Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brick laying
10b. KIND OF BUSINESS OR INDUSTRY building
11. BIRTHPLACE (State or foreign country) Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 67746
17. INFORMANT Nazie L. Boyd, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Bronchitis	24-48 hrs
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary Carcinoma of lungs	1 year
46a	(c) Primary Carcinoma of Sigmoid & Colon	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION 1946
19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid & Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from —, 1946, to Sept-27, 1949, that I last saw the deceased alive on Sept-27, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Miller, M.D. ADDRESS 7 Brooks Ave., Gaithersburg, Md. DATE SIGNED 9-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-30-49
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) Bladensburg Road (State)

DATE REC'D BY LOCAL REG. Sept. 27, 1949
REGISTRAR'S SIGNATURE Alfreda G. Cooke
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14 St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1949
BUREAU V. S.

08901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 da. 9 hrs. 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs Md.
STREET ADDRESS (If rural, give location) 9004 Fairview Rd.

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) W. (Last) Brown

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 29th 1874
9. AGE last birthday 75 (75) yrs. If under 1 year Months 3 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Brown
14. MOTHER'S MAIDEN NAME Appleson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT taken from Adm. sheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	4 weeks
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	congestive Heart failure	10 days
131a	(c)	Nephrosclerosis	one year +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8 Sept, 1949, to 16 Sept, 1949, that I last saw the deceased alive on 15 Sept, 1949, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE Merton L. White, M.D. (Degree or title) ADDRESS 9715 Georgia Ave, Silver Spring Md DATE SIGNED 16 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-19-49
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince Geo. Co. Md. (State)

DATE REC'D BY LOCAL REG. 9-17-49
REGISTRAR'S SIGNATURE W E Gobes
24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901 14th St N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118902

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6204 Greentree Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Md
STREET ADDRESS (If rural, give location): 6204 Greentree Rd.

3. NAME OF DECEASED (Type or Print): (First) SARA (Middle) ANISE GEARY (Last) BROWN

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 19 49

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 11-16-1866 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): N.Y. CITY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE GEARY
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARJORIE GORDON BUCHANAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 7 mos

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension — unknown

83a (c) Arteriosclerosis, general — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1938, to Sept 13, 1949 that I last saw the deceased alive on Sept 8, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harry P. Rowling 2111 Bancroft Pl NW Washington DC 9/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-15-49 | NAME OF CEMETERY OR CREMATORY: Rock Creek | LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 9-14-49 | REGISTRAR'S SIGNATURE: M.E. Jobes | 24. FUNERAL DIRECTOR ADDRESS: Jos. Gawler's Sons

RECEIVED
SEP 16 1949
BUREAU V. S.

Evidence for addition in #18c shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

68903

Reg. Dist. No. 217

FILM No. G 122 OCT 28 1949

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Ednor; LENGTH OF STAY (in this place) 12 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Ednor; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Rebecca	BUDD	Sept.	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	Col.	Widowed	3-5-1858 (?)	91 (?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Powell	? Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mrs. Mary Hood - Ednor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Edema	5 days
594 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Uremia	5 days
1316 (c)	(Senility) Arteriosclerotic Renal disease (10/28/49 A.S.)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan., 1949, to Sept., 1949, that I last saw the deceased alive on Sept 1, 1949, and that death occurred at 5:03 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard A. Yates	MD	RFD #1 Silver Spring Md	9/4/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 6 49	Sandy Spring	Montgomery	Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-49	Gertrude B Sawyer	Rockville Undertaking Co	Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08904

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Distrcit Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 501 Irving St, NW
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): Washington ✓

3. NAME OF DECEASED (Type or Print)	(First) Abraham	(Middle) Edward	(Last) BURDWISE	4. DATE OF DEATH	(Month) 9-18-49 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single ~~Married~~	8. DATE OF BIRTH: ~~Not known~~ about 1900	9. AGE last birthday: 49 ?? yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Russia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Jerome Burdwise		14. MOTHER'S MAIDEN NAME: Jennie Torgovitsky			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service): None	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Sister: Alice Kaitlin 501 Irving St NW			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coranary thrombosis	7 days
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coranary arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XXX
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Sept, 1949, to 18 Sept, 1949, that I last saw the deceased alive on 18 Sept, 1949, and that death occurred at 5:54 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S.R. Mills Jr S.R. MILLS JR	LTJG,MC ,USN	U.S.NAVAL HOSPITAL,BETHESDA, MD	9-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/22/49	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington,Va.
DATE REC'D BY LOCAL REG.: 9/21/49	REGISTRAR'S SIGNATURE: Elizabeth Willet	24. FUNERAL DIRECTOR: Danzansky Funeral Home	ADDRESS: 3501 14th St NW

(MTE)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

68905

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural)
LENGTH OF STAY (In this place): 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3023 14th St., NW,

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Scott (Last) Caldwell

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-28-80

9. AGE last birthday: 69 yrs. If under 1 year: Months 1 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wheeling, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Caldwell

14. MOTHER'S MAIDEN NAME: Margaret Polen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish Am.

16. SOCIAL SECURITY NO.:

17. INFORMANT: 3023 14th St, NW, Son: Harold E. Caldwell Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 5 years

420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 1 week

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1949, to 20 Sept, 1949, that I last saw the deceased alive on 20 Sept, 1949, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Hege
J. H. HEGE LT.(MC),USN. U.S.NAVAL HOSPITAL,BETHESDA, MD. 9-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9/23/49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 9/21/49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: S.H. Hines 2901 14th St,NW,Wash.,DC

RECEIVED
SEP 29 1949
BUREAU

Evidence for addtion of #4 shown on:

FILM No. G 12 - SEP 20 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08906

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9503 Flower Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9503 Flower Ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) CALLAHAN

4. DATE OF DEATH (Month) (Day) (Year) September 12, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 19, 1863
9. AGE last birthday 86 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ? Wisconsin
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Miles Callahan
14. MOTHER'S MAIDEN NAME ? Ponero

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Harold Callahan (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of bowel — Interval between onset and death several months

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sept 11, 1949, that I last saw the deceased alive on Sept 11, 1949, and that death occurred at 10:50 p. m., from the causes and on the date stated above.

SIGNATURE John N. Andrews (Degree or title) M.D. ADDRESS 9601 Colesville Rd DATE SIGNED Silver Spring, Md

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Sept 13, 1949 Sept 11, 1949
NAME OF CEMETERY OR CREMATORY St Jerome Cemetery
LOCATION (City, town, or county) (State) Columbus Wisc.

DATE REC'D BY LOCAL REG. Sept 12, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR S H Hines Co ADDRESS 2901-14st Nw Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9503 were due

Mrs J death Sept 11
age 86 -

RECEIVED
SEP 13 1949
BUREAU V. A.

08907

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9506 Saybrooke Ave

3. NAME OF DECEASED (Type or Print) (2) (First) Karl (1) (Middle) Francis (Last) CHANCY

4. DATE OF DEATH (Month) Sept (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-3-15
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway mail clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jame C Chancy
14. MOTHER'S MAIDEN NAME Florence Sauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) w.w. 2
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure due to

919.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) bullet wound in left forehead

184 (c)

INTERVAL BETWEEN ONSET AND DEATH: 7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY home
(CITY OR TOWN) S.S. (COUNTY) Mont (STATE)
TIME OF INJURY (Month) Aug (Day) 26 (Year) 49 (Hour) 11:23 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? wife was playing with pistol

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.S. ADDRESS Gaithersburg Md DATE SIGNED 9-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 6 1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Pr Georges Co. (State) Md.

DATE REC'D BY LOCAL REG. 9/2/49
REGISTRAR'S SIGNATURE J Wilson Dodd
24. FUNERAL DIRECTOR T. F. Costello ADDRESS 1722 N. Capitol St West DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 6 1949
BUREAU T. S.

08908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 3 mo 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, DC
STREET ADDRESS (If rural, give location) 942 14thSt S.E.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) CHINNIS
4. DATE OF DEATH (Month) 9-15-49 (Day) (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-22-05
9. AGE last birthday 44 yrs. If under 1 year Months 1 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Connecticut
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James F. Kennedy
14. MOTHER'S MAIDEN NAME Margaret Keeting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Husband: Jos W. Chinnis, 942 14th St, SE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pyelonephritis	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervical Stump (Post-operative)	3 months
	(c) Recto-vesico-vaginal fistula	2 months

171
48a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 6/10/49; 6/14/49
19b. MAJOR FINDINGS OF OPERATION Enlargement of obturator glands
20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 May, 1949, to 15 September 49 that I last saw the deceased alive on 15 Sept., 1949, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Peterson Paul Peterson, Captain, MC, ADDRESS U.S.NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED 9-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-19-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 9/21/49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W.J. NALLEY 522 8th St, SE, Wash, DC ADDRESS

E. J. N.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1.8309

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 3da. 15hr. 8min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Montgomery — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS 7316-Flower Ave. (or rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Andrew (Last) Clark
DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9-12-49
AGE last birthday: yrs. — If under 1 year: Months. — Days 3 — If under 24 hrs.: Hours 15 — Min. 8 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Montgomery Co. Olney, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Randall Clark
14. MOTHER'S MAIDEN NAME: Dorothy Evelyn Strickler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dorothy Evelyn Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

Antecedent cause(s) 773.5 159
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1949 to 15 Sept, 1949, that I last saw the deceased alive on 15 Sept, 1949, and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
R. D. Bonifant M.D. Sandy Spring Md. 15 Sept. '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept 16 1949
NAME OF CEMETERY OR CREMATORY: George Washington Memorial Park
LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 9-15-49
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Luther Childers
ADDRESS: 254 Carroll St. N.W. Takoma Park, D.C.

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08910

Reg. Dist. No. 215

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

I

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1514 17th St, NW ✓

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) Arthur (Last) COYKENDALL

4. DATE OF DEATH: (Month) (Day) (Year) 9-7-1949 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-2-1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 4, Days 5. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Emigration Service

11. BIRTHPLACE (State or foreign country): Strawberry Point, Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joel Coykendall

14. MOTHER'S MAIDEN NAME: Prussia Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — **(If year, give war or dates of service):** SA

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Ula Coykendall, 1514 17th St, NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatous metastases to liver and lungs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the colon.

153
46.2

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 August, 1949, to 7 September 49, that I last saw the deceased alive on 7 September 1949, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE: Geo C Buchanan (Degree or title) G.C. BUCHANAN LTJG, MCR, USNR — ADDRESS: U. S. Naval Hospital, Bethesda, Md — DATE SIGNED: 9-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-7-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 9-7-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. CHAMBERS, 1400 Chapin St, NW, WashDC

ASP

RECEIVED
SEP 12 1949
BUREAU V. S.

0 8911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 10 Mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wyoming COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheyenne
STREET ADDRESS (If rural, give location) 118 East 6th Street ✓

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edwin (Last) Cusic

4. DATE OF DEATH (Month) September (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8 Feb 1898
9. AGE last birthday 51 yrs. If under 1 year: Months 7, Days 8; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Superintendent
10b. KIND OF BUSINESS OR INDUSTRY Vet.Adm
11. BIRTHPLACE (State or foreign country) Jobs, Ohio
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME Winfield Scott
14. MOTHER'S MAIDEN NAME Frances Pritchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife: Harriet Lou Cusic 118 E. 6th Ave Cheyenne Wyo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, Cerebral	1 day.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Arterial	1+ year
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1949, to Sept 16, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE Wade H. Boswell (Degree or title) ADDRESS W.H. BOSWELL LT, MC, USN. U S NAVAL HOSPITAL, BETHESDA MD DATE SIGNED 9-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 9/21/49 NAME OF CEMETERY OR CREMATORY National (Arlington) LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 9/23/49 REGISTRAR'S SIGNATURE Elizabeth Willet 24. FUNERAL DIRECTOR Jas. Stevens W. W. CHAMBERS ADDRESS 1400 Chapin St. N.W. Washington D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08912

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. E 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 2 mo 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 307 E. Capital St. Washington, D.C.

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Moses (Last) DAVIDSON

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8-21-93

9. AGE last birthday: 56 yrs. | If under 1 year: Months | If under 24 hrs.: Hours | Min. 15 days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Asbury Turner Davidson

14. MOTHER'S MAIDEN NAME: Mary Dobbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 254 09 2707

17. INFORMANT AND ADDRESS: Mrs. J.P. Aylor, 307 E. Capital St. Wash, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Leukemia, lymphogenous (chronic) — 5 yrs.

204.0 Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June, 1949, to 5 September 1949, that I last saw the deceased alive on 5 September 1949, and that death occurred at 1:50P m., from the causes and on the date stated above.

SIGNATURE P E Billman (Degree or title) — ADDRESS U. S. Naval Hospital, Bethesda, Md — DATE SIGNED 9-6-49

D.E. BILLMAN, LTJGMC, USN

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE Sept. 6 1949 | NAME OF CEMETERY OR CREMATORY Patterson Cemetery | LOCATION (City, town, or county) Atlanta, | (State) Ga.

DATE REC'D BY LOCAL REGISTRAR 9-6-49 | REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR | ADDRESS W.W. CHAMBERS 517 11th St. S.E. Wash., D.C.

O.K.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8913 215

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 50 dgys
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital, Bethesda, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1718 2nd Street, NW ✓

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Henderson (Last) EARLY

4. DATE OF DEATH: (Month) 30 September (Day) (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 6-21-94

9. AGE last birthday: 55 yrs. If under 1 year: Months 3, Days 9, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clark Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frederick Davis Early

14. MOTHER'S MAIDEN NAME: Mary Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sister: Gertrude E. Hill 1718 2ndSt, WASHDC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Confluent Pulmonary	3 days
241 Antecedent cause(s)		
112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 11, 1949, to September 30, 1949, that I last saw the deceased alive on Sep 30, 1949, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.T. JONES LTJG MC USN U. S. Naval Hospital, Bethesda, Md 9-30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Oct 4, 1949

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 10-4-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Jarvis: 1432 U St, Washington, D. C.

J.W.H

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P8314

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 506 Tulip Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mabel	Alice	Elliott	9	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	12-9-86	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Kansas	America

13. FATHER'S NAME George A. Baker

14. MOTHER'S MAIDEN NAME Ellen E. Hildreth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Peritonitis secondary to perforation	5 days
570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 122b	(b) secondary to Acute Intestinal Obstruction	7 days
	(c) due to old Postoperative adhesions	28 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/5/49	1) Post Peritoneal adhesions 2) Chronic Cholecystitis	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 1939, to 9 of 15, 1949, that I last saw the deceased alive on 9 of 15, 1949, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur E. Coyne	MD	Takoma Park Md.	9/19/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 19 1949	Rose Hill Cemetery	Berrien Springs, Berrien Co. Mich.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/16/49	J. Nelson Dodd	J. Arthur Waters	754 Carroll St. Takoma Park

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08915

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. Md. COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 7921 Marlboro Pike

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) Robert (Last) Erhardt

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-17-1910

9. AGE last birthday: 49 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggest Helper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Erhardt

14. MOTHER'S MAIDEN NAME: Mary Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Pts Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Right heart failure — Interval: Hours

602 Antecedent cause(s)

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic insufficiency — Interval: Syphilitic

(c) Pyelonephritis & Renal Calculi right years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-8-49

19b. MAJOR FINDINGS OF OPERATION: Pyelonephritis & right renal calculi (Nephrectomy)

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1949, to 9-8, 1949, that I last saw the deceased alive on 9-8, 1949, and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Jos. K. Meade M.D. Takoma Park 12, Md. SEP 8 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 9/12/49 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem | LOCATION (City, town, or county) Pr George's Co. (State) Md

DATE RECD BY LOCAL REG. 9/8/49 | REGISTRAR'S SIGNATURE J. Allan Dodd

24. FUNERAL DIRECTOR W. W. Chamberlain Co. ADDRESS 517-11th St. S.E. Washington D.C.

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08916

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 22 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Georgetown Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 204 Cedar Avenue

3. NAME OF DECEASED (Type or Print): (First) Durward (Middle) Frederick (Last) Fisher
4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1949.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-17-1948
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Principal Horticulturist
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Dept. of Agric.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Fisher
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wife Mrs. Alida Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 12 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease. — 8-10 yrs.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 16, 1946, to 18 Sept., 1949, that I last saw the deceased alive on 18 Sept., 1949; and that death occurred at 6 A.M. P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H B Lucas M.D. 112 Willow Ave. Takoma Park, Md. 9-18-49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-20-49
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 9-19-49
REGISTRAR'S SIGNATURE: W. E. Jobes.
24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walters, 254 Carroll St. NW Wash. 12. D.C.

VS. A15

RECEIVED
SEP 21 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08917

FILM No. G 122 SEP 30 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural
LENGTH OF STAY (in this place): 2mo 27 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2611 Adams Mill Rd, NW ✓

3. NAME OF DECEASED (Type or Print): (First) Henry Donald (Middle) FREESE (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-11-03

9. AGE last birthday: 46 ~~45~~ yrs. If under 1 year: Months 2, Days 9, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Jeannette, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Edward R. Freese

14. MOTHER'S MAIDEN NAME: Edith Heflick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WWII

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Isabella J. Freese 2611 Adams Mill Rd NW Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia Left lung — Interval between onset and death: 6 mos.

162 Antecedent cause(s)

472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronhogenic Carcinoma, left lung

(c) Metastatic lesion, left cerebral Hemisphere.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 27 July 1949

19b. MAJOR FINDINGS OF OPERATION: Metastatic Ca of left cerebral Hemisphere

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 June, 1949, to 20 September 1949 that I last saw the deceased alive on 20 Sept., 1949, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. W. Ledyard MC, W. W. LEDYARD, LTJG, USN

ADDRESS: U. S. Naval Hospital, Bethesda, Md.

DATE SIGNED: 9-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 9/26/49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 9/23/49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers

ADDRESS: 1400 Chapin St, NW, Wash DC

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C8918

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1250 Meigs Place ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) GAINER

4. DATE OF DEATH: (Month) 9-17-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-25-85

9. AGE last birthday: 64 yrs. If under 1 year: Months 7 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brazilton, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Morgan Gainer

14. MOTHER'S MAIDEN NAME: Nora Nevell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Rhoda Gainer same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	7 hours
420.0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept., 19 49 to 17 Sept., 19 49, that I last saw the deceased alive on 17 Sept., 19 49 and that death occurred at 3:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S.R. Mills			
S.R. MILLS	LTJG,MC,USN	U.S.NAVAL HOSPITAL BETHESDA, MD	9-17-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-21-49	Arlington National	Arlington Virginia

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
9/21/49	Elizabeth Willett	W.W.CHAMBERS	517 11th St SE Wash DC

ADP

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08919

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) 1 Mo. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New Jersey COUNTY ATLANTIC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ATLANTIC CITY
STREET ADDRESS (If rural, give location) 64 So. South Carolina Ave. Santa Rita Apts

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Boothby (Last) GIFFIN

4. DATE OF DEATH (Month) September (Day) 18 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH Oct. 27, 1873

9. AGE last birthday 75 yrs. If under 1 year Months 10 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife; Business Woman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Livermore, Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Adney Boothby

14. MOTHER'S MAIDEN NAME Ellen Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Dr. H.M. GIFFIN - 611 Flower Ave., Takoma Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, abdominal, generalized — Interval Between Onset and Death: 5 Mos.

175 49a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ovary — 9 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION March 9, 1949

19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary; Metastasis to liver and Umbilicus

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from March 7, 1949, to Sept 18, 1949, that I last saw the deceased alive on Sept 15, 1949, and that death occurred at 5:15 A.M. Eastern Daylight Time, from the causes and on the date stated above.

SIGNATURE Leslie U. Dell (Degree or title) M.D. ADDRESS 1801 K St. NW Wash D.C. DATE SIGNED Sept 18. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial — DATE Sept. 21, 1949 — NAME OF CEMETERY OR CREMATORY Greenwood Cemetery — LOCATION (City, town, or county) (State) Pleasantville, New Jersey

DATE REC'D BY LOCAL REG. 9/20/49 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS Warner E. Rumphrey, Inc. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18920

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Illinois — COUNTY: Star
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Speer (rural)
STREET ADDRESS (If rural, give location): Speer (rural) ✓

3. NAME OF DECEASED (Type or Print): XX — (First) James — (Middle) Edward — (Last) GILL

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unk. Divorced

8. DATE OF BIRTH: 8-21-78

9. AGE last birthday: 71 yrs. — If under 1 year: Months 1, Days 7, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Navy Doctor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: Yes

13. FATHER'S NAME: Unknown Deceased

14. MOTHER'S MAIDEN NAME: Unknown Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.: --

17. INFORMANT AND ADDRESS: Brother: William Gill (Same as Above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage, Post operative	
Antecedent cause(s)		
161 47a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Larynx	3 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 25Sept, 1949, to 28Sept, 1949, that I last saw the deceased alive on 28 Sept, 1949, and that death occurred at 11:15P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. IRONS, CDR,MC, USN — ADDRESS: USNH, NNMC, Bethesda, Md. — DATE SIGNED: 9-30-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10-3-1949 — NAME OF CEMETERY OR CREMATORY: St. Patrick's — LOCATION (City, town, or county) (State): Marshall Co., Illinois

DATE RECD BY LOCAL REG. OCT 3 '49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: Deal, 4812 Georgia, Avenue, N.W. Wash, D.C.

RECEIVED
OCT 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 hrs 40 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Monte.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rockville Md.
STREET ADDRESS (If rural, give location) 13309 Ardennes Ave.

3. NAME OF DECEASED (Type or Print) (First) — (Middle) Newborn — (Last) Gingery

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 9/24/49

9. AGE last birthday yrs. — If under 1 year: Months — Days — Hours 4 — Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hugh A. Gingery

14. MOTHER'S MAIDEN NAME Frances W. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Hugh Gingery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 5-6 months

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24 to 9-25-49, that I last saw the deceased alive on 9-25-49, and that death occurred at 9:25-49 1-15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Margaret E Callan, M.D — 8491 - Rockville Pike Bethesda Md. — 9-25-49

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 9-25-49 — NAME OF CEMETERY OR CREMATORY Sub. Hosp. — LOCATION (City, town, or county) (State) Bethesda

DATE REC'D BY LOCAL REG. 9-29-49 — REGISTRAR'S SIGNATURE W. E. Jobes

24. FUNERAL DIRECTOR — ADDRESS A.B. Solon — Bethesda, Md.

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery County; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md; STREET ADDRESS (If rural, give location) River Road

3. NAME OF DECEASED (Type or Print): (First) Mason; (Middle); (Last) Gloven

4. DATE OF DEATH: (Month) 9; (Day) 11; (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 27, 1876

9. AGE last birthday: 73 yrs.; If under 1 year: Months 5; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener

10b. KIND OF BUSINESS OR INDUSTRY: Gardener

11. BIRTHPLACE (State or foreign country): Leesburg, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Gloven

14. MOTHER'S MAIDEN NAME: Ellen Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Taken from chart -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of pancreas — Interval Between Onset and Death: approx.

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46g (b) Metastatic Carcinoma of Liver. — 1-1½ yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 26 Aug., 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma pancreas & hepatic metastases.

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Aug., 1949, to 11 Sept., 1949, that I last saw the deceased alive on 11 Sept., 1949, and that death occurred at 5:29 p.m., from the causes and on the date stated above.

SIGNATURE Robert Frederick, (Degree or title) M.D. ADDRESS Suburban Hospital DATE SIGNED 11 Sept., 1949

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 9-14-49 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) D.C. (State)

DATE REC'D BY LOCAL REG. 9-12-49 | REGISTRAR'S SIGNATURE W E Jobe | 24. FUNERAL DIRECTOR W.W. Chamberlin Co. | ADDRESS Wash. D.C.

VS. A15

RECEIVED
SEP 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08923

Reg. Dist. No. 214

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS. A4b

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 514 Ashford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 514 Ashford

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) N. L. (Last) GRAHAM

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 22, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. 2 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Isabella Twp., Michigan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McKnight

14. MOTHER'S MAIDEN NAME: Mary Swindlehurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Kathleen G. King- 514 Ashford Rd., S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	10-12 hr
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalyzed Arteriosclerosis	10 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no (CITY OR TOWN) (COUNTY) (STATE): no

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from June, 1942, to Sept 6, 1949, that I last saw the deceased alive on Sept 5, 1949, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O B Wardrop M. D. 837 Bonifant St., Silver Spring, Md. 9/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial — DATE: 9/6/49 — NAME OF CEMETERY OR CREMATORY: Mt. Morris Cemetery — LOCATION (City, town, or county) (State): Mt. Morris, Michigan

DATE REC'D BY LOCAL REG.: Sept. 6, 1949 — REGISTRAR'S SIGNATURE: Josephine M. Shaffer

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Remsburg, Inc. Silver Spring, Md.

RECEIVED
SEP 9 1949
BUREAU V. S.

~~Birth + Death~~ Death

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 217

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

M

C

1. PLACE OF BIRTH:

County Montgomery

City or town Norbeck

(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

Length of mother's stay in County

(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Montgomery

City or town Spencerville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If RURAL give LOCATION)

3. Name of child Diane Harrod

4. Date of birth Sept 26 1949 Hour 10 P M.

5. Sex Female | 6. Twin or triplet First of Twins

7. No. of weeks pregnancy 26

FATHER OF CHILD

8. Full name Henry James Harrod

9. Color C 10. Age at time of this birth 25 yrs.

11. Usual occupation Laborer

MOTHER OF CHILD

12. Full maiden name Mildred Lucille Kelly

13. Color C 14. Age at time of this birth 19 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? one

(b) How many other children were born alive but are now dead? none (c) How many other children were *born* dead? None

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of Premature Separation of Placenta

19. Labor: (a) Complications of none

(b) Induced? no

20. (a) Was there an operation for delivery? no (Yes or No)

(b) State all operations, if any none

(c) Did child die before operation? Lived + Breathed

During operation? for three hours

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Atalectasis Prematurity

(b) Maternal causes Lues c Rapid Treatment

22. I certify to the birth of this child who was born ~~dead~~* on the date and hour above stated.

761.5

Signature Webster Sewell, M.D.

(Specify if M. D., midwife, or other)

159

Address Norbeck Md.

23. (a) Burial 1-29-49 (Burial, cremation or removal) Date thereof Sept. 29, 1949 (month) (day) (year)

(c) Cemetery or crematory Spencerville Md

24. (a) Funeral director Robert. L. Snowden

(b) Address 246-N-Wash. St Rockville, Md

25. (a) Sept 29. 49 (Date rec'd by registrar) (b) Gertrude B Lawler (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

I

Child lived three hours

V. S. A10

T

RECEIVED
OCT 7 1949
BUREAU T. S.

Birth + ~~Death~~ Death

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 217

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County Montgomery
   City or town Norbeck
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution:
   Length of mother's stay in County
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State Maryland
   County Montgomery
   City or town Spencerville
   (If outside city or town limits, write RURAL and give nearest town)
   Street No.
   (If RURAL give LOCATION)

3. Name of child Maryann Harrod
4. Date of birth Sept. 26 1949 Hour 10:30 P M.
5. Sex Female 6. Twin or triplet Second of Twins
7. No. of weeks pregnancy 26

FATHER OF CHILD

8. Full name Henry James Harrod
9. Color C 10. Age at time of this birth 25 yrs.
11. Usual occupation Laborer

MOTHER OF CHILD

12. Full maiden name Mildred Lucille Kelley
13. Color C 14. Age at time of this birth 19 yrs.
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? (2) two
(b) How many other children were born alive but are now dead? none (c) How many other children were *born* dead? none

17. Did child die before labor? no During labor? no
18. Pregnancy, complications of Premature separation of Placenta
19. Labor: (a) Complications of none
(b) Induced? no
20. (a) Was there an operation for delivery? no (Yes or No)
(b) State all operations, if any none
(c) Did child die before operation? Lived and
During operation? Breathed for 3½ hours

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Prematurity 3 pounds
(b) Maternal causes Lues atelectasis
Treated Rapid Treatment

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
761.5
159 Signature Webster Sewell, MD
(Specify if M. D., midwife, or other)
Address Norbeck

23. (a) Burial 29-49 (Burial, cremation or removal) (b) Date thereof Sept. 29, 1949 (month) (day) (year)
(c) Cemetery or crematory Spencerville Md
24. (a) Funeral director Robert. L. Snowden
(b) Address 246-N-Wash. St. Rockville, Md

25. (a) Sept 29 (Date rec'd by registrar) (b) Gertrude B Fowler (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
Health Officer, per

* See Instruction C on stub.

M

C

I

Lived 3½ hours

V. S. A10

T

RECEIVED
OCT 7 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08926

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Beach
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Michael (Last) HENESSEY

4. DATE OF DEATH: (Month) 9-6-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-21-95

9. AGE last birthday: 53 yrs. | If under 1 year: Months 11 Days 15 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U S Navy

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Michael Henessey

14. MOTHER'S MAIDEN NAME: Mary Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWI & II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife: Jessie Henessey, Colonial Beach, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1 52a

(b) Coronary Heart Disease

(c) Hypernephroma, right

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 1949, to 6 Sept, 1949, that I last saw the deceased alive on 6 Sept, 1949, and that death occurred at 305 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.H. BATES LTJG, MC, USN | ADDRESS U. S. Naval Hospital, Bethesda, Md | DATE SIGNED 9-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9-9-49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 9-17-49 | REGISTRAR'S SIGNATURE Elizabeth Willett | M. FUNERAL DIRECTOR: W.W. Chambers | ADDRESS: 517 11th St, SE, Wash, DC

RECEIVED
SEP 9 1949
BUREAU V. S.

09230

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 mo 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Kentucky — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowling, Green
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Warner (Middle) Underwood (Last) HINES

4. DATE OF DEATH: (Month) 9-8-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-10-96

9. AGE last birthday: 53 yrs. — If under 1 year: Months 1 Days 28 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S.NAVY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Hines

14. MOTHER'S MAIDEN NAME: Josie Underwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NA Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Brother: Frank K Hines, Frankfort, Ky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, epidermoid of larynx and pharynx with metastases to both lungs. — over 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia

161
470

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21, May, 1949, to 8 September 49, that I last saw the deceased alive on 8 September 1949, and that death occurred at 9:35 P m., from the causes and on the date stated above.

SIGNATURE: J E Atkinson Jr. (Degree or title) ADDRESS: T.E. ATKINSON, LT. MC, USN, U.S.NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: (*(*9-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	9-9-1949	Cedar Hill	Washington, D.C.

DATE REC'D BY LOCAL REG. 9-9-1949 — REGISTRAR'S SIGNATURE: Elizabeth Adelle

24. FUNERAL DIRECTOR — ADDRESS: Wastler Funeral Home, 301 E. Capitol. Wash D

H Moore.

VS. A15

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118927

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY: D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wash.
STREET ADDRESS (If rural, give location): 4634 Ellicott St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Dr. Mary (Middle) (Last) Holmes M.D.

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar 15 - 74

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Dr. of Medicine

11. BIRTHPLACE (State or foreign country): Ohio.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James M. Holmes.

14. MOTHER'S MAIDEN NAME: Frances Turner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Frank L. Weaver.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary thrombosis — Interval Between Onset and Death: 20 hours

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertensive heart disease — years??

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 46 to SEP 7 1949, that I last saw the deceased alive on SEP 7 19..., and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE: C P Ryland (Degree or title) C. P. RYLAND, M. D.

ADDRESS: 4901 MASSACHUSETTS AVE., N. W.
WASHINGTON 16, D.C.

DATE SIGNED: SEP 7 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation — DATE: Sept. 9, 1949 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory — LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.: 9/7/49 — REGISTRAR'S SIGNATURE: Wm E Jones

24. FUNERAL DIRECTOR: A. H. Hines Co. — ADDRESS: 2901 14th St. N.W.

RECEIVED
DEC 12 1949
BUREAU V. S.

08928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Bethesda~~ Rockville
STREET ADDRESS (If rural, give location) RT #1

3. NAME OF DECEASED (Type or Print) (First) George (Middle) M. (Last) Hostetler
4. DATE OF DEATH (Month) Sept. (Day) 15 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 5, 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Millwork
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore A. Hostetler
14. MOTHER'S MAIDEN NAME May Minier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.1
16. SOCIAL SECURITY No. 225051544
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Descending Colon — Interval Between Onset and Death: prob 3 yrs

153

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralytic Ileus.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Adenomacarcinoma Desc Colon, Recurr
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1949, to Sept 15, 1949, that I last saw the deceased alive on Sept 15, 1949, and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE F. C. Fishbach (Degree or title) MD. ADDRESS 1835 Eye St Wash & Do DATE SIGNED 9-15-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 9/18/49
NAME OF CEMETERY OR CREMATORY Potomac Church Cemetery
LOCATION (City, town, or county) Potomac (State) Md.

DATE REC'D BY LOCAL REG. 9-17-49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ~~Robert~~ Robert A. Pumphrey ADDRESS Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08929

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY in this place: 3 mo 7 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): Dorchester House, 16th St, NW,

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) O'Rourke (Last) HUDSON

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-23-99

9. AGE last birthday: 50 yrs. If under 1 year: Months 5 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John O'Rourke

14. MOTHER'S MAIDEN NAME: Josephine Hogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Husband: Captain Millard Hudson U S Navy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pyogenic abscess, liver	4 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Toxic hepatitis	4 mo.
	(c) Ruptured appendicitis	—

550.1
121

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10 April 1949

19b. MAJOR FINDINGS OF OPERATION: Ruptured appendix with local peritonitis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 June, 1949, to 13 September 49 that I last saw the deceased alive on 13 September 49, and that death occurred at 10:40 Pm., from the causes and on the date stated above.

SIGNATURE: J.J. ZUSKA (Degree or title) CDR, MC, USN, ADDRESS U S NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED 9-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-16-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 9-15-49

REGISTRAR'S SIGNATURE: Elizabeth Miller

24. FUNERAL DIRECTOR: J. GAWLER ADDRESS 1756 Penn Ave.NW, Wash, DC

VS. A15

RECEIVED
SEP 16 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08930

Reg. Dist. No. 414

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9215 Woodland Rd.	STREET ADDRESS (If rural, give location): 9215 Woodland Rd.

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) B.	(Last) Huhn	4. DATE OF DEATH	(Month) Sept.	(Day) 7	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: May 16, 1883	9. AGE last birthday: 66 yrs.	If under 1 year: Months 3	Days 21	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: Butcher	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Ferdinand Huhn	14. MOTHER'S MAIDEN NAME: Anna Marie Bosse						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 578-05-5482 A	17. INFORMANT AND ADDRESS: Mrs. Bernadette C. Huhn -9215 Woodland Rd S. S. Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Pulmonary Edema	2 days
420.0 Antecedent cause(s)	(b) Myocarditis c̄ Aneurysm	6 weeks
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio-sclerotic heart disease c̄ arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1949, to Sept. 7, 1949, that I last saw the deceased alive on Sept. 7, 1949, and that death occurred at 11:57 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis L. Richardson		7717-Alaska Ave N.W. Wash. 12 D.C.	9-7-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 10, 1949	St. Mary's Cemetery	Washington	D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 8, 1949	Josephine M. Schaeffer	Warner E. Pumphrey Inc.	Silver Spring, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7717 Alaska

RECEIVED
SEP 12 1949
BUREAU V. S.

3

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08931

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Louisiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Orleans
STREET ADDRESS (If rural, give location) 60 Neron Place ✓

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) DeWitt (Last) HURD
4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-11-1896
9. AGE last birthday 52 yrs. If under 1 year Months 10 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Fifield, Wisconsin
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Robert L Hurd
14. MOTHER'S MAIDEN NAME Mary Brosman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW ii
16. SOCIAL SECURITY NO.
17. INFORMANT Cousin; Billie Baxter Hurd, 606 Rittenhouse St, NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Lung Right with Metastases to Left (L)	Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	Days
	(c)	

163
47d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 July, 1949, to 8 September 49 that I last saw the deceased alive on 8 September 1949, and that death occurred at 10:37 A.m., from the causes and on the date stated above.

SIGNATURE R N Shelley (Degree or title) ADDRESS DATE SIGNED
R.N. SHELLEY CDR, MC, USN, U.S.NAVAL HOSPITAL, BETHESDA, MARYLAND 9-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-13-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 9-8-49
REGISTRAR'S SIGNATURE Elizabeth Wallace
24. FUNERAL DIRECTOR ADDRESS Wastler Funeral Home, 301 E Capitol St Wash. D.C.

J. Moore.

RECEIVED
SEP 12 1949
BUREAU V. S.

08932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 hrs 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6701 46th St.

3. NAME OF DECEASED (Type or Print) (First) Bertrand (Middle) I (Last) Hutchinson

4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 8th 1890
9. AGE last birthday 59 yrs. If under 1 year Months 2 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder - Gov't Printing office
10b. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Archibald Hutchinson
14. MOTHER'S MAIDEN NAME Lacelia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World W I
16. SOCIAL SECURITY NO. 577-03-3002
17. INFORMANT Mrs. Katharine Hutchinson (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis c̄ Myocardial Infarction	4 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Arteriosclerosis of Coronary Vessels	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to 21 Sept, 1949, that I last saw the deceased alive on 21 Sept, 1949, and that death occurred at 7:55 a m., from the causes and on the date stated above.

SIGNATURE S. R. Bonnersfield, M.D. (Degree or title) ADDRESS 7345 Wisconsin Ave DATE SIGNED 22 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/26/49
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 9/22/49
REGISTRAR'S SIGNATURE Wm C. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08933

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Hyde IV

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-5-1891

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgetown, D.C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harry Buckley Hyde

14. MOTHER'S MAIDEN NAME: Emily Rowland Hyde Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary P. Dawson Hyde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Liver — Interval between onset and death: 4 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of Sigmoid Colon — 9 mo. (Dr. Hyde)
(c)

153
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the death or condition causing death.

19a. DATE OF OPERATION: 6/2/49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid Resection & Colostomy

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1948, to Sept 9, 1949, that I last saw the deceased alive on Sept 8, 1949, and that death occurred at 6:25 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Sandy Spring, Md DATE SIGNED: 9/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 12, 1949 — NAME OF CEMETERY OR CREMATORY: Friends Cemetery — LOCATION (City, town, or county) (State): Sandy Spring Md.

DATE REC'D BY LOCAL REG.: 9-10-49 — REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR: Warner E. Pumphrey Sons — ADDRESS: Silver Spring, Md.

RECEIVED
SEP 28 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08934

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1511 17th St S.E. Apt. 1

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) E (Last) Jones
4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 19X9

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Aug 11, 1924	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman - Conducts Construction
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elm. R. Jones
14. MOTHER'S MAIDEN NAME Eva N. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY No. 216-12-4597
17. INFORMANT Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Abdominal Hemorrhage due to	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed pelvis	
	(c)	

830.3
176

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound Fracture Both Thighs Compound fracture left leg

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Rural Subdivision (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 26 '49 - 3:30 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Ran over by bulldozer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Bronchart M.D. Gaithersburg Md 9-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/29/49
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Georges Co., Md.

DATE REC'D BY LOCAL REG. 9/27/49
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR The S.N. Hines Company
ADDRESS 2901-14th N.W. Wash. 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 28 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08935

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 25
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 413 P Street, NW ✓

3. NAME OF DECEASED (Type or Print) (First) Leroy (Middle) (n) (Last) JONES
4. DATE OF DEATH (Month) 9-5-1949 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-2-1895
9. AGE last birthday 53 yrs. If under 1 year Months 9 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William H. Jones
14. MOTHER'S MAIDEN NAME Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWL
16. SOCIAL SECURITY NO.
17. INFORMANT Wife; Oneana Jones 413 P street, NW, Wash D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis (advanced)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002
13b

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 August 1949, to 5 September 49 that I last saw the deceased alive on 5 September 1949, and that death occurred at 8:55P m., from the causes and on the date stated above.

SIGNATURE D E Billman (Degree or title) ADDRESS DATE SIGNED
D.E.BILLMAN LTJG,MC, USN, U S NAVAL HOSPITAL,BETHESDA,MD 9-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-13-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG 9-8-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W.E. Jarvis ADDRESS 1432 U Street,NW,WashDC

E.U.H.

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08936

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (Rural)
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jackson
STREET ADDRESS (If rural, give location) 230 Washington Street ✓

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) September 26 1949

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 4-1-98

9. AGE last birthday 52 yrs. If under 1 year Months 5 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tennessee

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Tom Jones

14. MOTHER'S MAIDEN NAME Eliza Ticen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT Katie Jones 230 Washington Street, Jackson, Tennesee
Sister:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured Bladder - Hemorrhage & shock

610 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

137a (b) Benign Prostatic Hypertrophy

(c) Transurethral resection of Prostate.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1949, to Sept 26, 1940, that I last saw the deceased alive on 26 Sept, 1949, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE W. W. MILLER, LT. DC USN. (Degree or title) ADDRESS USNH, Bethesda, Maryland DATE SIGNED 27 Sept 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-28-49

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Jackson, Tennessee

DATE REC'D BY LOCAL REG. OCT 3, 49

REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR W.E.JARVIS 1432 U St.NW,Wash.,DC ADDRESS G L H.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08937

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8810 First Avenue	STREET ADDRESS (If rural, give location): 8810 First Avenue

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Nolan	(Last) Kidwell	4. DATE OF DEATH	(Month) September (Day) 1 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Aug. 7, 1879	9. AGE last birthday: 70 yrs.	If under 1 year: Months 0, Days 24; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Insurance Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Insurance	11. BIRTHPLACE (State or foreign country): Manassas, Virginia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Silas Kidwell	14. MOTHER'S MAIDEN NAME: Mary Catherine Cannon				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 577 - 05 - 2097	17. INFORMANT AND ADDRESS: Robert Kidwell, 8810 First Ave. S.S.Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular accident — 1 hr.

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Previous Cerebral Vas. accident — 2 mo.

(c) Degenerative Ht. Dis. — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1949, to 9-1, 1949 that I last saw the deceased alive on 9-1, 1949, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Rogers, M.D. 960 1 Sutton Pl. Silver Spring, Md. 9-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Sept. 3, 1949	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: Sept 2, 1949	REGISTRAR'S SIGNATURE: Josephine M. Schaeffle	24. FUNERAL DIRECTOR: Warner E. Lumsphrey, Inc.	ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08938

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2530 Q Street, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Thomas	LANGLEY	9-6-1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5-23-84	65 yrs.	3	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired policeman		Central Falls, Rhode Island	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
XXX Yes	SA		Wife: Laura E. Langley, 2530 Q St, NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
581.1 Antecedent cause(s) 124a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Laennec's cirrhosis of the liver	Approx.
	(c) Alcoholism, and inadequate nutrition	1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9 August, 1949, to 6 September 49, that I last saw the deceased alive on 6 Sept. 1949, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G.C. Buchanan LTJG, MCR, USNR — ADDRESS U. S. Naval Hospital, Bethesda, Md — DATE SIGNED 9-6-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-9-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
9-7-49	Elizabeth Willett	Hysong Funeral Home	1300 N St, NW, WASH

C. E. M.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08939

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. Md. — LENGTH OF STAY (in this place): 6 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 116 Madison St. N.W. D.C. ✓

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) — (Last) Leistear

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 3-1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Matron in girls home.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Alexander Leistear

14. MOTHER'S MAIDEN NAME: Marcella W. Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Pt's. chart at Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure — Weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

4300 (b) Arteriosclerotic Heart Disease with Coronary Thrombosis — Months

1310 (c) Nephrosclerosis & Pyelonephritis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1949, to 9-27, 1949, that I last saw the deceased alive on 9-27, 1949, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): De Von K. Meade M.D. — ADDRESS: Takoma Park Md. — DATE SIGNED: 9-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 30, 1949 — NAME OF CEMETERY OR CREMATORY: Lisbon Presb. Church Cem. — LOCATION (City, town, or county) (State): Lisbon, Howard County, Md.

DATE REC'D BY LOCAL REG.: 9/29/49 — REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

RECEIVED
OCT 3 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118941

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; MARYLAND; LENGTH OF STAY (in this place) 2 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Debora; (Middle) L; (Last) Martin

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 4 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Benchart

14. MOTHER'S MAIDEN NAME: Linda Lederer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): nn

16. SOCIAL SECURITY NO.: nn

17. INFORMANT: Calvin S Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma right breast

50 (c) Metastasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 9/21/47

19b. MAJOR FINDINGS OF OPERATION Carcinoma of right breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/31, 1947, to 9/1, 1949, that I last saw the deceased alive on 8/31, 1949, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sandy Spring 9/1/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 9-3-49; NAME OF CEMETERY OR CREMATORY: Salem; LOCATION (City, town, or county) (State): Brookville Md

DATE REC'D BY LOCAL REG. 9-2-49; REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Roy W Barber; ADDRESS: Laytonsville Md

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

118941

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 9 days 21 hrs. 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6401 Bradley Blvd.

3. NAME OF DECEASED (Type or Print): (First) Jeannette (Middle) C. (Last) Meigs
4. DATE OF DEATH: (Month) September (Day) 23 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 6, 1904
9. AGE last birthday: 44 yrs. If under 1 year: Months 9 Days 22 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Michael Cavanagh
14. MOTHER'S MAIDEN NAME: Jeanette Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Husband: Carroll M. Meigs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Leukemia, myelogenous, acute — 5 mos

204.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
74a (b) None
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-, 1949, to 9-23-, 1949, that I last saw the deceased alive on 9-22-, 1949, and that death occurred at 7:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stewart Clapp, M.D. 3921 Ingomar St. N.W. Wash. D.C. 9-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/26/49
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG. 9-24-49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Grant A. Dunphrey ADDRESS: Bethesda, Md.

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08942

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 102 Conn. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 102 Conn. Ave.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Maurice (Last) Milburn

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 27, 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months 9, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Public Roads

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry J. Milburn

14. MOTHER'S MAIDEN NAME: Margaret Maurice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elinor Hope Milburn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: died suddenly

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Frank J. Bouchart M.D. — **ADDRESS**: Gaithersburg md — **DATE SIGNED**: 9-20-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 9/22/49 — **NAME OF CEMETERY OR CREMATORY**: Rock Creek Cemetery — **LOCATION** (City, town, or county): Washington (State): D. C.

DATE REC'D BY LOCAL REG.: 9-21-49 — **REGISTRAR'S SIGNATURE**: W.E. Jobes W E Jobes — **24. FUNERAL DIRECTOR**: Robert A. Pumphrey — **ADDRESS**: Bethesda, Md.

RECEIVED
SEP 24 1949
BUREAU V. S.

MV

MARYLAND STATE DEPARTMENT OF HEALTH

08943

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda,
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 3726 Conn. Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herbert	Hersh	Mittleman	Sept	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Sept, 24, 1930	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eastin, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome Mittleman
14. MOTHER'S MAIDEN NAME: Henritta Winberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thoracic hemorrhage due to	Killed instantly ✓
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) crushed chest	
825.5 1700	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
(CITY OR TOWN): Bethesda (COUNTY): Monty (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Sept 11 49 1:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broccard (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 9-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/11/49	Adas Israel Cemetery	Washington, Washington, DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-12-49	W. E. Jobes	B Danzansky & Son	3001-03, 14th. St. N.W.

RECEIVED
SEP 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C8944

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (Rural) LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
STREET ADDRESS (If rural, give location) (Rural)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Lambert (Last) Mobley
4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-16-1904
9. AGE last birthday 45 yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY "
11. BIRTHPLACE (State or foreign country) Montg Co - Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew J. Mobley
14. MOTHER'S MAIDEN NAME Harriet Ann Selby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Samuel H Mobley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home

Immediate cause (a) Burns

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

180 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Charred remains found in cellar of home that burned.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Gaithersburg (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 12-49 1:45 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? House fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 9-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/14/49 NAME OF CEMETERY OR CREMATORY Forest Oak E LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REG. Sept. 12-49 REGISTRAR'S SIGNATURE Alfred G Cooke
24. FUNERAL DIRECTOR E C Gaithers ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08945

CERTIFICATE OF DEATH

Reg. Diat. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

Street No. 9113 Old Bladensburg Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Buelah Morris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B.(b) Name of husband or wife John L. Morris

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1868

8. AGE: Years	Months	Days	If less than one day
80	10	17	hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Gillaspie

13. Birthplace England

MOTHER 14. Maiden name Narcissus McClanahan

15. Birthplace Unknown

16. Informant Edwin P. Goucher

Address 1908 N. Kinmore St., Arlington, Va.

17. Burial Date thereof Sept. 19, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory National Park Cemetery

Location Falls Church, Arlington, Virginia

18. Funeral director Warner E. Pumphrey, Inc.

Address 8434 Georgia Ave., Silver Spring, Md.

19. Sept 18 19 49 Josephine M Schaffle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1949, at 1:03 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from last [illegible] 18 to 19 49

and that I last saw h[illegible] alive on 9/16/ 19 49

Immediate cause of death Ac Coronary Occlusion — DURATION 1 day

Due to

Due to

Other conditions 420.1 — 94a (include pregnancy within 3 months of death)

Major findings of operations 0

Date of op.

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 0

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address 500 Medical Arts Bldg Date signed 9/16/49

RECEIVED
SEP 2[illegible] 1923
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08946

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS Own Home 5013 Dalton Rd	STREET ADDRESS (If rural, give location) 5013 Dalton Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William John Mosedale				4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1949 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 15, 1872	9. AGE last birthday 77 yrs.	If under 1 year Months 5 Days 15 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Mosedale		14. MOTHER'S MAIDEN NAME Bell Sparks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS 5013 Dalton Rd. Mrs Geneva Perry Mosedale Ch.Ch.Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary occlusion

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypotensive heart disease

(c) coronary heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5, 1949, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 9:15A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John M. Wyman Md.		7901 Wisconsin ave. Bethesda, Md.	9-6-49

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 7, 1949	National Memorial Park	Falls Church Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-49	W. B. Jobes	Robert A. Dumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08947

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colin John — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7625 McArthur Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colin John, Md.
STREET ADDRESS (If rural give location) 7625 McArthur Blvd.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Benson (Last) MYERS

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-3-1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capitol Transit

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Myers

14. MOTHER'S MAIDEN NAME: Eudonia Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Francis Myers (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure

Antecedent cause(s) 019.2 22a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Miliary Tuberculosis (generalized) one month

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1949, to 9/26, 1949, that I last saw the deceased alive on 9/25, 1949, and that death occurred at 12:20 noon p.m., from the causes and on the date stated above.

SIGNATURE Frank G. Jaggers (Degree or title) M.D. — ADDRESS — DATE SIGNED 9-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 29, 1949 — NAME OF CEMETERY OR CREMATORY: Darnstown Pres. — LOCATION (City, town, or county) (State): Darnstown Maryland

DATE REC'D BY LOCAL REG. 9-26-49 — REGISTRAR'S SIGNATURE J.E. Jobes

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Co. 3072-M St N.W. Wash. D.C.

RECEIVED
SEP 20 1949
BUREAU V. S.

08948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2da. 55min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 51 Prince George Ave.

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) E (Last) Nichols
4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 3, 1880
9. AGE last birthday 69 yrs. If under 1 year Months 6 Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraver (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mt. Ephrem, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George W. Nichols
14. MOTHER'S MAIDEN NAME Sarah R. Grimes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Taken from admission sheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon. — INTERVAL BETWEEN ONSET AND DEATH 5 months

153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

462 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Sept 23, 1949, that I last saw the deceased alive on Aug 22, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE Emil G. Bauersfeld M.D. (Degree or title) ADDRESS Bethesda, Md DATE SIGNED 9/23/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/25/49
NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery
LOCATION (City, town, or county) Gaithersburg (State) Md.
DATE REC'D BY LOCAL REG. 9-24-49
REGISTRAR'S SIGNATURE N.E. Jones
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08949

CERTIFICATE OF DEATH

Reg. Dist. No. 2/3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md. — LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 806 Veirs Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) (Last) Orme

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/9/1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months 3 — Days 20 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Allen S Orme

14. MOTHER'S MAIDEN NAME: Harriet Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NS — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles Orme

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	17 days.
331 Antecedent cause(s)	(b) Arteriosclerosis & hypertension	5 years
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	none	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug. 31., 1949, to Sept. 29, 1949, that I last saw the deceased alive on Sept. 28, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. G. Smithwick	M.D.	Rockville, Md.	Sept. 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	Oct 1-49	Monocacy	Beallsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 30. 1949	Mrs E. P. Thompson Per. L. G. Burdette	William B. Hilton	

VS. A15

RECEIVED
OCT 3 1949
BUREAU T.-S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08950

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. LENGTH OF STAY (in this place): 44 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 230 Rhode Island Ave NE. ✓

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) ? (Last) Osburn

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-16-1884

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): London Co. Virginia

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Edward Humphrey

14. MOTHER'S MAIDEN NAME: Emma Silcott.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	several months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hodgkins disease	16 yrs
	(c) Secondary anemia	years

201
44b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 3, 1949, to Sept 21, 1949, that I last saw the deceased alive on Sept. 20, 1949, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: Reduce Brennwald (Degree or title) M.D. ADDRESS: Takoma Park, Md. DATE SIGNED: September 21 1949

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF: 9/21/49 | NAME OF CEMETERY OR CREMATORY: | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 9/21/49 | REGISTRAR'S SIGNATURE: J. Wilson Dell | 24. FUNERAL DIRECTOR: Deal Funeral Home | ADDRESS: 4512 Ga Ave NW Wash. D.C.

RECEIVED
SEP 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08951

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5 mo 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: California — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: San Diego
STREET ADDRESS (If rural, give location): Federal Hotel ✓

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Forest (Last) PATTON

4. DATE OF DEATH: (Month) 9-15-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8-9-95

9. AGE last birthday: 54 yrs. — If under 1 year: Months 1, Days 5, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John G. Patton

14. MOTHER'S MAIDEN NAME: Jane Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Veterans Administration, Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) THROMBOSIS CEREBRAL

452.1 Antecedent cause(s)

1242 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) THROMBOANGITIS OBLITERANS — Interval Between Onset and Death: 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CIRRHOSIS ATROPHIC — Interval Between Onset and Death: 4 WKS.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 April, 1949, to 15 Sept., 1949, that I last saw the deceased alive on 15 Sept., 1949, and that death occurred at 7:25 P m., from the causes and on the date stated above.

SIGNATURE: J.H. Hege — (Degree or title): LT,(MC),USN — ADDRESS: U.S.NAVAL HOSPITAL,BETHESDA,MD. — DATE SIGNED: 9-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-22-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 9-20-49 — REGISTRAR'S SIGNATURE: Elizabeth Willet

24. FUNERAL DIRECTOR — ADDRESS: W W Chambers 1100 Chapin Washington D C

887

RECEIVED
SEP 22 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08952

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (In this place) 59yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg.
STREET ADDRESS (If rural, give location) 15 Walker Ave,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Monroe	Curtis	Phebus	9	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Nov 30 1889	59 yrs.	9	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: " "
11. BIRTHPLACE (State or foreign country): Gaithersburg Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph C. Phebus
14. MOTHER'S MAIDEN NAME: Mary English

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. (If year, give war or dates of service)
17. INFORMANT AND ADDRESS: Bessie H. Phebus

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Congestive Heart Failure	8 months
414 Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 920	(b) Valvular Heart Disease remainder of Rheumatic fever	30+ years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Uremia, sec. to a)	2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 10, 1949, to Sept. 12, 1949, that I last saw the deceased alive on Sept. 12, 1949, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack Schumacher M. D. Gaithersburg, Md. Sept. 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/15/49	Forest Oak	Gaithersburg Md,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 13, 1949	Claude L. Cooke	Ernest C. Gartner,	Gaithersburg, Md,

VS. A15

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08953

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Addie (Middle) (Last) Pollard

4. DATE OF DEATH: (Month) September (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 22, 1900

9. AGE last birthday: 49 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Clarksburg, W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wallie Flippo

14. MOTHER'S MAIDEN NAME: Dolly Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Charles McKay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — several years.

002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

138 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Sept. 22~~, 1949, to only, 19....., that I last saw the deceased alive on Sept. 22, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. A. Smithson, M.D. Rockville, Md. Sept. 24, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Shipped — DATE THEREOF: 9-24-49 — NAME OF CEMETERY OR CREMATORY: Norfolk, Va — LOCATION (City, town, or county) (State): % Hale & Co Funeral Home

DATE REC'D BY LOCAL REG.: Sept. 24, 1949 — REGISTRAR'S SIGNATURE: E. R. Thompson — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md.

7 S. Monday

RECEIVED
OCT 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08954

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cur-Lu Rest Home 11 Phila ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Skyland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) FREEMAN (Last) POLLOCK

4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH about 1869
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME George H. Pollock
14. MOTHER'S MAIDEN NAME Louise Plessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs Emily B Crawford Niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestion Heart Failure	2 days
450D Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1949, to Sept. 3, 1949, that I last saw the deceased alive on Sept. 3, 1949, and that death occurred at 655P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Litty MD 6911 5th st. N.W. Washington 12 DC. Sept. 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify) DATE 9/7/49 NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem LOCATION (City, town, or county) Pr Georges Co. (State) Md

DATE REC'D BY LOCAL REG. 9/3/49 REGISTRAR'S SIGNATURE J Wm Dodd
24. FUNERAL DIRECTOR S H Hines Co ADDRESS 2901-14 st N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 6 1949
BUREAU V. S.

08955

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Grove Rd
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville, Md. R.F.D. #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Grove, Rd.
STREET ADDRESS (If rural, give location) Rockville, Md, R.F.D. #3

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Franklin (Last) Powell

4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 18, 1907
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel E. Powell
14. MOTHER'S MAIDEN NAME Florence L. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Florence L. Powell (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.S. ADDRESS Gaithersburg Md DATE SIGNED 9-23-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 9-25-49 NAME OF CEMETERY OR CREMATORY Sandy Springs LOCATION (City, town, or county) Sandy Springs, Md (State)

DATE REC'D BY LOCAL REG. 9-23-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 7 1949
BUREAU V. S.

08956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 606 Sligo Avenue	STREET ADDRESS (If rural, give location) 606 Sligo Avenue

3. NAME OF DECEASED (Type or Print)	(First) MATILDA	(Middle) B.	(Last) POWELL	4. DATE OF DEATH	(Month) September (Day) 21 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1867	9. AGE last birthday 82 yrs.	If under 1 year: Months 0 Days 18; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Buscher		14. MOTHER'S MAIDEN NAME Sarah Brady Camp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Grace Clark, 606 Sligo Ave., S. S., Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute cardiac dilatation	1 hr.
151 Antecedent cause(s)		
460 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1946, to Sept 21, 1949, that I last saw the deceased alive on Sept 21, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Wardrop	MD.	837 Bonifant St.	9/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept. 24, 1949	NAME OF CEMETERY OR CREMATORY St. John's Cemetery	LOCATION (City, town, or county) (State) Forest Glen, Maryland
DATE REC'D BY LOCAL REG. Sept 23, 1949	REGISTRAR'S SIGNATURE Josephine M Schaeffer	24. FUNERAL DIRECTOR Warner E. Pennyshey, Inc.	ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 27 1949
BUREAU V. S.

08957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) LENGTH OF STAY (in this place): 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 332 15th Street, NE ✓

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) William	(Last) RABBITT	4. DATE OF DEATH	(Month) 9-2-1949 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 2-4-1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months 6 Days 28; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: U S Nav y	11. BIRTHPLACE (State or foreign country): Washington, D.C	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Samuel Rabbitt	14. MOTHER'S MAIDEN NAME: Veronica Ekensberger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If year, give war or dates of service) WWI	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife: Florence Rabbitt, 332 15th St, NE, WDC			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, myocardial failure following prostatectomy for nodular hyperplasia.

610 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

137b (c) Coronary arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 August, 1949, to 2 September, 1949, that I last saw the deceased alive on 2 September, 1949, and that death occurred at 8:55 A m., from the causes and on the date stated above.

SIGNATURE: W. W. Miller Jr. (Degree or title) W. W. MILLER JR, LT, MC, USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 9-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9-6-49	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 9-2-49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W. J. NALLEY, 3200 Rhode Island, NE, Mt Ranier, MD	ADDRESS

E.E.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 8958

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9023 Fairview Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9023 Fairview Road

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Elizabeth (Last) Randolph

4. DATE OF DEATH: (Month) September (Day) 4, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 18, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Lewis DeChart

14. MOTHER'S MAIDEN NAME: Elizabeth Lacy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Elsie Clayton, 9023 Fairview Rd. S.S.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure Coronary Occlusion Heart — Interval Between Onset and Death: 24 hrs.

450.0 Antecedent cause(s)

950 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis — 7-8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Sept 4, 1949, that I last saw the deceased alive on Sept 4, 1949, and that death occurred at 5.15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C O Blandrop M.D. ADDRESS 837 Bonifant St. Silver Spring Md DATE SIGNED Sept 5, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE Sept. 8, 1949 | NAME OF CEMETERY OR CREMATORY Magnolia Cemetery | LOCATION (City, town, or county) (State) Norfolk, Virginia

DATE REC'D BY LOCAL REG. Sept 5, 1949 | REGISTRAR'S SIGNATURE Josephine M Schaeffer

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, Inc. Silver Spring, Md.

RECEIVED
SEP 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08959

Reg. Dist. No. 223

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 5 Mo 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS George Oxford Memorial Home 500 Baltimore Ave Takoma Park Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1344 Longfellow Nw ✓

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) [illegible] (Last) Ravenburg

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1949

5. SEX Fem — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH Mar 5 1868 — 9. AGE last birthday 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY None — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME Louis Weesinger — 14. MOTHER'S MAIDEN NAME Louise Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Sam Hoop--- Rel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 hrs

331 / 940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Severe Gen Arteriosclerosis

(c) Cerebral Hemorrhage — Mar 1949

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1942, to 9/27/, 1949, that I last saw the deceased alive on 9/27/, 1949, and that death occurred at 3 40 p.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Howard C Morse M.D. 28 Carroll Ave Takoma Park Md 9/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9/30/49 — NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem — LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 9/27/49 — REGISTRAR'S SIGNATURE J Milton Dodd — 24. FUNERAL DIRECTOR S. H. Hines Co. — ADDRESS 2901-14th St NW Wash. D.C.

RECEIVED
SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08360

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 3 days 13hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): Box 67

3. NAME OF DECEASED (Type or Print): (First) Eleazar (Middle) (Last) Ray

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: May 3, 1900

9. AGE last birthday: 49 yrs. If under 1 year: Months 4 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance agent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Latonsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George F. Ray

14. MOTHER'S MAIDEN NAME: Alice Bogley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Frances Butcher (Friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Congestive Heart failure	18 months
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 23 Sept, 1949, that I last saw the deceased alive on 22 Sept, 1949, and that death occurred at 7:30A.M., from the causes and on the date stated above.

SIGNATURE: W S Murphy (Degree or title) MD ADDRESS: Rockville Md DATE SIGNED: 23 Sept 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 25/49
NAME OF CEMETERY OR CREMATORY: Rockville Union Cem.
LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG. 9-24-49
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

VS. A15

RECEIVED
SEP 26 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08961

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 7104 Chestnut St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Cook (Last) Richards
4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 8 1865
9. AGE last birthday: 83 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired printer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Spring Field Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin A. Richards
14. MOTHER'S MAIDEN NAME: Mathilda Hutchings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Richards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Respiratory Failure

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a (b) Left Cerebral Hemorrhage — Interval Between Onset and Death: 9-19-49

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1947, to 9-27, 1949, that I last saw the deceased alive on 9-27, 1949, and that death occurred at 7:14 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leon H. Hardesty M.D. 113 Carroll St. NW. Wash., D.C. 9-27-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 9/28/49 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REG. 9/28/49 REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901 14th NW Wash. D.C.

RECEIVED
SEP 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08962

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 22 Columbia Ave

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) C (Last) RUMSEY

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 3. 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 Hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Herndon, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Murray Edward Rumsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Cardiac Failure	Terminal
Antecedent cause(s) 331 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	4 days
	(c) Arteriosclerosis	? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1946, to Sept 13, 1949, that I last saw the deceased alive on Sept 9, 1949, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A Hare M.D. Takoma Park. Md. 9/13/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Sept 15 1949
NAME OF CEMETERY OR CREMATORY: Herndon Cemetery
LOCATION (City, town, or county) (State): Herndon, Virginia

DATE REC'D BY LOCAL REG. 9/13/49

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: J. Arthur Walters, ADDRESS: 254 Carroll Ave Takoma Park, D.C.

Mr. Hare

RECEIVED
SEP 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08963

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Falls; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Sta.#3, Washington 14, D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Falls; STREET ADDRESS (If rural, give location) Sta.#3, Washington 14, D.C.

3. NAME OF DECEASED (Type or Print): (First) Joseph; (Middle) G.; (Last) Sass

4. DATE OF DEATH: (Month) Sept.; (Day) 26; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 8, 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months 6, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Sass

14. MOTHER'S MAIDEN NAME: Katherine Koyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Yes-392-05-6928

17. INFORMANT AND ADDRESS: Wife-same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of liver

199.1 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Carcinomatosis of Abdomen.

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ; (b) 4 months; (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1949.

19b. MAJOR FINDINGS OF OPERATION: CA of liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1947, to SEPT 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Russell J. Cohoon, M.D. 1630-19th St., N.W. Sept 27, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 9/28/49

NAME OF CEMETERY OR CREMATORY: St. Jerome

LOCATION (City, town, or county) (State): Oconomowoc Wisconsin

DATE REC'D BY LOCAL REG. 9-27-49

REGISTRAR'S SIGNATURE: W C Johns

24. FUNERAL DIRECTOR: Robert A. Dumphrey ADDRESS: Bethesda, Md.

RECEIVED
OCT 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08964

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.R. # 5 Rockville
STREET ADDRESS (If rural, give location) R.R. #5

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Clarence (Last) Scanlon

4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept. 7 1949

9. AGE last birthday yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min. 27 hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A Baby

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Suburban Hosp. 8600 Old Georgetown Rd.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clarence Scanlon

14. MOTHER'S MAIDEN NAME Mary Madelyn A. Cappello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) A Baby

16. SOCIAL SECURITY NO.

17. INFORMANT Clarence Scanlon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Sept. 9, 1949, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE Robert Edwin Lewis, (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda, Md. DATE SIGNED Sept. 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 9/10/49

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) Prince George (State) Md.

DATE REC'D BY LOCAL REG. 9-1949

REGISTRAR'S SIGNATURE W. E. Jobes

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md.

RECEIVED
SEP 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08965

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Montgomery · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. Rockville · LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Jane	Schwartzbeck	Sept.	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct. 28, 1872	76 yrs.	10	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker		Montgomery Co., Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Kelly	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Raymond Schwartzbeck-Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE	TWO WEEKS
331 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS, CONGESTIVE HEART FAILURE	10 YEARS
	(c) HYPERTENSION	19 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from NOV. 1, 1947, to SEPT. 27 1949, that I last saw the deceased alive on SEPT. 26 1949 and that death occurred at 4:35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C.B. Rosenberger, M.D		Rockville, Maryland	9/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/30/49	St. Mary's Cemetery	Rockville,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-28-49	E.R. Thompson	Robert A. Pumphrey	Bethesda, Md.

VS. A15

RECEIVED
SEP 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08966

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9200 Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 3, Gaithersburg
STREET ADDRESS (If rural give location) Shady Grove Rd.

3. NAME OF DECEASED (Type or Print) (First) Hannah (Middle) (Last) Seaquist

4. DATE OF DEATH (Month) Sept. (Day) 3 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 31, 1865
9. AGE last birthday 83 yrs. If under 1 year Months 10 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Juland Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Per Johann Johonnson
14. MOTHER'S MAIDEN NAME Marica Christins Johonnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Henry Seaquist (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal Hemorrhage	2 days
570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Partial Intestinal Obstruction	2 weeks
63b	(c) Intestinal adhesions	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 3 Sept, 1949, that I last saw the deceased alive on 2 Sept, 1949, and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE W. Shumpley Md (Degree or title) ADDRESS Rockville Md DATE SIGNED 3 Sept 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 7, 1949
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 9-6-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Forest A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08967

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest towo) OR TOWN: Bethesda
LENGTH OF STAY (In this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9515 Kentstone Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 9515 Kentstone Dr.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Semple

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 15, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months 2 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel W. Semple

14. MOTHER'S MAIDEN NAME: Mary N. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uokoown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 047-05-0283

17. INFORMANT: Alfred E. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of stomach with	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis	
	(c)	

151
46 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: no attending md. physician

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg Md. DATE SIGNED: 9-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Transit-Removal
DATE THEREOF: Sept. 6, 1949
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Norwalk, Conn.

DATE REC'D BY LOCAL REG. 9-6-49
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Robert C. Humphrey ADDRESS: Bethesda, Md.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08968

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 700 Dartmouth Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Napoleon (Last) Starkey Jr.

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 12-8-89

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph M. Starkey

14. MOTHER'S MAIDEN NAME: Unknown Margaret Murman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Doris J. Starkey (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage - (Left.) recurrent	7 Days
Antecedent cause(s)	(b) Nephrosclerosis - Secondary Hypertension	8 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Uremia terminal	

446
1301

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1937, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 11:58 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth B. Baughman MD. | ADDRESS 8252 Georgia Ave Silver Spring Md. | DATE SIGNED 9-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 9/21/49 | NAME OF CEMETERY OR CREMATORY Rockville Union | LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 9/18/49 | REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR: Chas. H. Hines Co. | ADDRESS 2904-14th St. NW Wash. D.C.

RECEIVED
SEP 21 1949
BUREAU OF

BIRTH AND DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ DEATH

Reg. Dist. No. 215

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Montgomery

City or town: Bethesda, Rural
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: U. S. NAVAL HOSPITAL

Length of mother's stay in County: 1 Day
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State: District of Columbia

County:

City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 807 A Street, NE,
(If RURAL give LOCATION)

3. Name of child: Georgia Ann STERCHO

4. Date of birth: 9-13-49 19 Hour 1120 M.

5. Sex: Female | 6. Twin or triplet: No

7. No. of weeks pregnancy:

FATHER OF CHILD

8. Full name: Mike Sterche

9. Color: White 10. Age at time of this birth: 25 yrs.

11. Usual occupation: Postal Clerk

MOTHER OF CHILD

12. Full maiden name: June Wheatley

13. Color: White 14. Age at time of this birth: 25 yrs.

15. Usual occupation: Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of: none

19. Labor: (a) Complications of: labor

(b) Induced? No

20. (a) Was there an operation for delivery? No
(Yes or No)

(b) State all operations, if any: none

(c) Did child die before operation?

During operation?

21. Cause of ~~stillbirth~~ Death. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes: Intrauterine asphyxia

(b) Maternal causes: Uterine enertia

762.0

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature: Paul Peterson
PAUL PETERSON, Capt. (MC) USN
(Specify if M. D., midwife, or other)

Address: USNH Bethesda, Md.

23. (a) Cremation (Burial, cremation or removal) (b) Date thereof 9-14-49 (month) (day) (year)

(c) Cemetery or crematory: Cedar Hill

24. (a) Funeral director: Wastler

(b) Address: 301 East Capitol Street, Wash DC

25. SEP 20 1949 (Date rec'd by registrar) (b) Elizabeth Willett (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived 30 minutes

V. S. A10

RECEIVED
SEP 22 1943
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08970

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac R.-Great Falls
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'y
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 26 Boyd Ave.

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) V. (Last) Stricker
4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Month 1877	72 yrs.	2	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-	U.S.Gov't.	Concord, North Carolina	USA

13. FATHER'S NAME: Thomas Stricker
14. MOTHER'S MAIDEN NAME: Rebecca ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs Sarah C. Williams(niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

975
1648

Immediate cause (a) Asphyxia by drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in River

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broccard M.D.		Gaithersburg Md	9-4-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	9/11/49	Concord, N. C.	Concord, N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-12-49	W E Jobes	Robert E. Pumphrey	Bethesda, Md.

VS. A15A

RECEIVED
SEP 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08971

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park.
LENGTH OF STAY (In this place): 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium Hospital, Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington.
STREET ADDRESS (If rural, give location): 1864 Wyo. Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Walton	Tappan	Sept.	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	9/13/1863	86 yrs.	0	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Fairfax Co. Virginia	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Crosse	Fidelia Shawman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	?	Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis & Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

332 834

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 17, 1949, to Sept 26, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 2:14 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Victor K. Wade	M.D.	Takoma Park 12, Md.	9-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Sept. 27, 1949	Cedar Hill Crematory	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/27/49	[illegible]	Warner E. Pumphrey, Inc.	Silver Spring, Md.

RECEIVED
SEP 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08972

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md — LENGTH OF STAY (in this place) 33 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Dist of Col — STATE Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington — Maryland
STREET ADDRESS (If rural, give location) 4809 2a Ave

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) (Last) Thaler

4. DATE OF DEATH: (Month) Sept. (Dey) 16 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 6 1879

9. AGE last birthdey: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Blau

14. MOTHER'S MAIDEN NAME: Fannie Gerstenfeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lena Fenster (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	4 months
443 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying ceuse last	(b) Hypertension	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not releted to the diseese or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1949, to Sept 16, 1949, that I last saw the deceased alive on Sept 16, 1949, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isadore Rodbard M.D. — ADDRESS: 1835 Eye Street, NW. Washington D.C. — DATE SIGNED: Sept 16, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 19-1949 — NAME OF CEMETERY OR CREMATORY: Bnai Israel — LOCATION (City, town, or county) (State): Oxon Hill Md

DATE REC'D BY LOCAL REG.: 9/16/49 — REGISTRAR'S SIGNATURE: J. Milton Dodd — 25. FUNERAL DIRECTOR: Goldberg Funeral Home — ADDRESS: 417-9th St NW Wash D.C.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08973

Reg. Dist. No. 7-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1607 Ballard Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1607 Ballard Street

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) LEWIS (Last) TYLER

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 20, 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months 7, Days 2, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred E. Lewis

14. MOTHER'S MAIDEN NAME: Mary Raedel Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Converse Tyler, 1607 Ballard St. S. S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma Liver — 3-4 months

154 / 46 d — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ascites — 2-3 months.

(c) Adenocarcinoma Rectum — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 16, 1948

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Rectum + Lymph Node Involvement

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1948, to Sept 22, 1949, that I last saw the deceased alive on Sept 18, 1949, and that death occurred at 10^00 a.m., from the causes and on the date stated above.

SIGNATURE Thomas Bradley (Degree or title) M.D. ADDRESS 2024 - R St N.W. Washington D.C. DATE SIGNED Sept 22, 49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: Sept. 26, 1949 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. Sept 23, 1949 — REGISTRAR'S SIGNATURE Josephine M Schaeffer

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. — ADDRESS: Silver Spring, Md.

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SEP 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08974

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

1. PLACE OF DEATH — COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 3 hr 31 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 215 Leighton Ave.

3. NAME OF DECEASED (Type or Print) (First) Sedgwick (Middle) Jerome (Last) Tyler

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated

8. DATE OF BIRTH Oct 12 1874

9. AGE last birthday 69 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Tyler

14. MOTHER'S MAIDEN NAME Sarah Rothrock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If year, give war or dates of service) Sp. am.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 5 Hrs

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b) Cardio vascular Renal arteriolar Sclerosis — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1944, to 9-28, 1949, that I last saw the deceased alive on 9-28, 1949, and that death occurred at 10 16 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Baughein Jr. M.D. — ADDRESS 8252 Ga Ave Silver Spring Md — DATE SIGNED 9-28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Oct. 1, 1949 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. Sept 30, 49 — REGISTRAR'S SIGNATURE J. W. Lindley Deputy — 24. FUNERAL DIRECTOR Warner E. Pumphrey Inc. — ADDRESS Silver Spring, Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU V. S.

mv

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

08975

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3901 Conn. Ave., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) Currell (Middle) (Last) Vance Jr.
4. DATE OF DEATH: (Month) September (Day) 11 (Year) 19 49

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): X
8. DATE OF BIRTH: 8/16/29
9. AGE last birthday: 20 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.: 0 | 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Nashville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Currell Vance, Sr.
14. MOTHER'S MAIDEN NAME: Nella Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Currell Vance, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET, AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Instant instantly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

825.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway | (CITY OR TOWN) Bethesda | (COUNTY) Monty | (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 11 49 1:45 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Frank J. Broschart M.D. Gaithersburg md 9-11-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit | DATE THEREOF 9/11/49 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Nashville, Tenn. (State)

DATE REC'D BY LOCAL REG. 9-12-49 | REGISTRAR'S SIGNATURE W E Jobes

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Maryland

RECEIVED
SEP 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08976

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 48 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. General Hosp.	STREET ADDRESS (If rural, give location) Rockville - Route 2

3. NAME OF DECEASED (Type or Print) (First) Floyd (Middle) (Last) West			4. DATE OF DEATH (Month) Sept. (Day) 10 (Year) 1949	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH About ? 1884	9. AGE last birthday 65 (?) yrs. If under 1 year Months. Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Culpepper Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sandy West			14. MOTHER'S MAIDEN NAME Irene Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT (Sister) Bessie Jackson	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	3 mos.
Antecedent cause(s) 442 131a	(b) Hypertensive cardiovascular	3 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 June, 1945, to 9-10, 1949, that I last saw the deceased alive on 9/10, 1945, and that death occurred at 3:18 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Boniface	M.D.	Sandy Spring, Md.	14 Sept 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sep 14	NAME OF CEMETERY OR CREMATORY County Home	LOCATION (City, town, or county) (State) Rockville Md
DATE REC'D BY LOCAL REG. 9-14-49	REGISTRAR'S SIGNATURE Gertrude B Lawler	24. FUNERAL DIRECTOR Robert L. Snowden	ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08977

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Grove
STREET ADDRESS (If rural, give location) R.F.D. Germantown

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wellington (Last) Williams

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 13-1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Cedar Grove, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Williams

14. MOTHER'S MAIDEN NAME: Sophronia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Norman L. Williams - brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 week
420.0 Antecedent cause(s)	Terminal Broncho-pneumonia	4 days
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Arterio-sclerotic heart disease	8 years
	(b) Coronary sclerosis with infarction	2 months
	(c) Generalized Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral sclerosis with thrombosis and resulting left hemiplegia — 1945

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 1935, to September 22, 1949, that I last saw the deceased alive on Sept. 22, 49, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE: E. E. Boyer M. D. (Degree or title) ADDRESS: Damascus, Maryland DATE SIGNED: Sept. 23, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 25-1949 — NAME OF CEMETERY OR CREMATORY: Salem — LOCATION (City, town, or county) (State): Cedar Grove, Md.

DATE REC'D BY LOCAL REG. 9-24-49 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Olin L. Molesworth — ADDRESS: Damascus. Md.

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08978

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2230 Washington Avenue

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) James (Last) WIRTH

4. DATE OF DEATH: (Month) 9-15-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-1-18

9. AGE last birthday: 31 yrs. — If under 1 year: Months 8, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Corps

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry John Wirth

14. MOTHER'S MAIDEN NAME: Myrtle Olivet Harbouth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wife: Margaret Wirth 2230 Washington Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Barbiturate poisoning	2 days
970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1638	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bernhart — (Degree or title): M.D. — ADDRESS: Gaithersburg — DATE SIGNED: 9-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-20-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 9/19/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: Wastler funeral Home, 301 E.Capitol St Wash.DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08979

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 W. Kirke St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase,
STREET ADDRESS (If rural, give location) 33 W. Kirke St.

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) HENSEL (Last) YOUNG
4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: April 17-1900
9. AGE last birthday: 49 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Fredricksburg Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Hensel
14. MOTHER'S MAIDEN NAME: Rose Lerch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: John Parke Young Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	1 hour
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute circulatory failure	?
93d	(c) Chr. hypertensive Heart disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Emil G. Bauersfeld M.D. (Degree or title) ADDRESS Bethesda, Maryland DATE SIGNED 9/30/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-3-49
NAME OF CEMETERY OR CREMATORY Mt. View
LOCATION (City, town, or county) (State) Pasadena California

DATE REC'D BY LOCAL REG. 10-1-49
REGISTRAR'S SIGNATURE H. E. Jobes
24. FUNERAL DIRECTOR The L. H. Hines Co.
ADDRESS 2901-14th St N.W. Washington 9 D.C.

VS. A15A

RECEIVED
OCT 4 1949
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 1/2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase (If outside city or town limits, write RURAL and give nearest town)

Street No. 5803 Kirkside Dr. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Edwin Cornell Zavitz

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Married

6.(b) Name of husband or wife: Marion Zavitz

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): July 4, 1892

8. AGE: Years: 57 Months: Days: If less than one day: hrs. min.

9. Birthplace (Town, county, and state): Cold Stream Ontario Canada

10. Usual occupation: Educator

11. Industry or business:

FATHER — 12. Name: J. Daniel Zavitz

FATHER — 13. Birthplace: Ontario Canada

MOTHER — 14. Maiden name: Emily Cornell

MOTHER — 15. Birthplace: Canada

16. Informant: Mrs. Marion Zavitz

Address:

17. (Burial, cremation, or removal. Which?) Cremation Date thereof Oct 1, 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Crematory

Location: Seatland, Md.

18. Funeral director: Joseph Gawler's Son

Address: 1756 Pa. Ave. N.W.

19. 10-1 19 49 (Date rec'd by registrar) W E Jobe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30 19 49 at 10:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 19 49 to Sept 30 19 49 and that I last saw h alive on Sept 30 19 49

Immediate cause of death	DURATION
Reticulum cell sarcoma	6 mos
Due to	
Due to	
Other conditions	

1998
552

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results: as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harry L Dowling MD M. D. or other

Address: 2111 Bancroft Pl NW Washington D.C. Date signed: Oct 1, 1949

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08981

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (Rural); LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 4 Cargo Green, NW

3. NAME OF DECEASED (Type or Print): (First) William Christopher (Middle) (Last) ZEPP

4. DATE OF DEATH: (Month) (Day) (Year) September 29 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-27-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0; Days 2; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William R. Zepp, Jr.

14. MOTHER'S MAIDEN NAME: Kathrine Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father: William R. Zepp 5 Cargo Green, NW Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atlectasis, Generalized — Interval Between Onset and Death: 1 day.

Antecedent cause(s) 762.5 / 759 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Sept., 1949, to 29 Sept., 1949, that I last saw the deceased alive on 29 Sept., 1949, and that death occurred at 5:40 P.m., from the causes and on the date stated above.

SIGNATURE Paul Peterson (Degree or title) Paul Peterson, Captain, MC USN — ADDRESS USNH, Bethesda, Maryland — DATE SIGNED 10-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 9-30-49 — NAME OF CEMETERY OR CREMATORY Arlington, National — LOCATION (City or town, or county) Arlington Virginia (State)

DATE REC'D BY LOCAL REG. 10-17-49 — REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR Chambers: 517-11th St, WASH., DC — ADDRESS

VS. A15

ASP

RECEIVED
OCT 18 1949
BUREAU V. S.